



Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

September 28, 2009

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

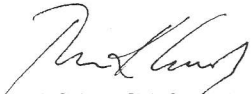
An investigation has been made regarding the application of U-Stop, 2140 K Street requesting a class D liquor license.

Brain Makovicka has requested that he be approved as the manager of the liquor license.

Background information on Mr. Makovicka will be omitted as he has been approved by Council for several U-Stop liquor licenses.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.


THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



APPLICATION FOR LIQUOR LICENSE

301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov/

45 days = Nov. 6, '09

RECEIVED

SEP 15 2009

**NEBRASKA LIQUOR
CONTROL COMMISSION****CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES****CHECK DESIRED CLASS(S)****RETAIL LICENSE(S)**Application Fee

<input type="checkbox"/>	A	BEER, ON SALE ONLY	\$45.00
<input type="checkbox"/>	B	BEER, OFF SALE ONLY	\$45.00
<input type="checkbox"/>	C	BEER, WINE & DISTILLED SPIRITS, ON & OFF SALE	\$45.00
<input checked="" type="checkbox"/>	D	BEER, WINE & DISTILLED SPIRITS, OFF SALE ONLY	\$45.00
<input type="checkbox"/>	I	BEER, WINE & DISTILLED SPIRITS, ON SALE ONLY	\$45.00
<input type="checkbox"/>		Class K Catering license (requires catering application form)	\$100.00

MISCELLANEOUSApplication FeeBond Required

<input type="checkbox"/>	L	Craft Brewery (Brew Pub)	\$295.00	\$1,000 minimum
<input type="checkbox"/>	O	Boat	\$ 95.00	none
<input type="checkbox"/>	V	Manufacturer		
<input type="checkbox"/>		Alcohol & Spirits	\$1,045.00	\$1,000 minimum
<input type="checkbox"/>		Beer (excluding produced by a craft brewery)	\$145.00 1 to 100 barrel*	\$1,000 minimum
<input type="checkbox"/>		Beer (excluding produced by a craft brewery)	\$245.00 100 to 150 barrel*	\$1,000 minimum
<input type="checkbox"/>		Beer (excluding produced by a craft brewery)	\$395.00 150 to 200 barrel*	\$1,000 minimum
<input type="checkbox"/>		Beer (excluding produced by a craft brewery)	\$545.00 200 to 300 barrel*	\$1,000 minimum
<input type="checkbox"/>		Beer (excluding produced by a craft brewery)	\$695.00 300 to 400 barrel*	\$1,000 minimum
<input type="checkbox"/>		Beer (excluding produced by a craft brewery)	\$745.00 400 to 500 barrel*	\$1,000 minimum
<input type="checkbox"/>	W	Wholesale Beer	\$545.00	\$5,000 minimum
<input type="checkbox"/>	X	Wholesale Liquor	\$795.00	\$5,000 minimum
<input type="checkbox"/>	Y	Farm Winery	\$295.00	\$1,000 minimum
<input type="checkbox"/>	Z	Micro Distillery	\$295.00	\$1,000 minimum
<input type="checkbox"/>		Copy of TTB permit (if applying for L, V, W, X, Y or Z)		

*daily capacity, average daily barrel production for the previous twelve months of manufacturing operation. If no such basis for comparison exists, the manufacturing licensee shall pay in advance for the first year's operation a fee of five hundred dollars

All Class C licenses expire October 31st

All other licenses expire April 30th

Catering license (K) expires same as underlying retail license

TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)

- ☐ Individual License (requires insert form 1)
☐ Partnership License (requires insert form 2)
☒ Corporate License (requires insert form 3a & 3c)
☐ Limited Liability Company (requires form 3b & 3c)

NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION

(commission will call this person with any questions we may have on this application)

Name Teresa L. LaFave

Phone number: 402-435-3509

Firm Name Whitehead Oil Company

PREMISE INFORMATION

Trade Name (doing business as) U-Stop #25

Street Address #1 2140 K St. Suite 100

✓ Street Address #2 _____

City Lincoln County Lancaster #2 Zip Code 68510

Premise Telephone number Pending

Is this location inside the city/village corporate limits:



YES



NO

Mail address (where you want receipt of mail from the commission)

Whitehead Oil Company
Name _____

✓ Street Address #1 2537 Randolph St.

Street Address #2 _____

City Lincoln State NE Zip Code 68510

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

****For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms**

See Attached

APPLICANT INFORMATION

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

2. Are you buying the business and/or assets of a licensee?

☐ YES ☒ NO

If yes, give name of business and license number _____

a) Submit a copy of the sales agreement including a list of the furniture, fixtures and equipment.

b) Include a list of alcohol being purchased, list the name brand, container size and how many?

3. Are you filing a temporary agency agreement whereby current licensee allows you to operate on their license?

☐ YES ☒ NO

If yes, attach temporary agency agreement form and signature card from the bank.

This agreement is not effective until you receive your three (3) digit ID number from the Commission.

4. Are you borrowing any money from any source to establish and/or operate the business?

☒ YES ☐ NO

If yes, list the lender Union Bank & Trust

5. Will any person or entity other than applicant be entitled to a share of the profits of this business?

☐ YES ☒ NO

If yes, explain. All involved persons must be disclosed on application. _____

6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

☐ YES ☒ NO

If yes, list such items and the owner. _____

7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business?

☐ YES ☒ NO

If yes, explain. _____

No silent partners

8. Are you premises to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 feet of a college or university campus?

☐ YES ☒ NO

If yes, list the name of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)

9. Is anyone listed on this application a law enforcement officer?

☐ YES ☒ NO

If yes, list the person, the law enforcement agency involved and the person's exact duties

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or withdrawals on accounts at the institution.

Union Bank & Trust/Mark A. Whitehead and/or Alan A. Makovicka

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

see attached

12. List the training and/or experience (when and where) of the person(s) making application. Those persons required are listed as followed:

- a) Individual, applicant only (no spouse)
- b) Partnership, all partners (no spouses)
- c) Corporation, manager only (no spouse)
- d) Limited Liability Company, manager only (no spouse)

Name:	Date:	Where:
Brian Makovicka	98/Present	U-Stop Store Supervisor
Brian Makovicka	1998	Hospitality classes

13. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

- ☐ Lease: expiration date _____
- ☒ Deed
- ☐ Purchase Agreement

14. When do you intend to open for business? December 1, 2009

15. What will be the main nature of business? Retail

16. What are the anticipated hours of operation? 24 hours

17. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses. If necessary attach a separate sheet.

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE

APPLICANT: CITY & STATE	YEAR FROM TO		SPOUSE: CITY & STATE	YEAR FROM TO	
Lincoln, NE	1994	Present	Lincoln, NE	1979	Present

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock and spouses). Full (birth) names only, no initials.

✓ Mary A. Whitehead
Signature of Applicant

✓ Douglas W. Jaggers
Signature of Applicant

✓ Sydney A. Uthoff
Signature of Applicant

Signature of Applicant

Signature of Applicant

✓ Christian A. Whitehead
Signature of Spouse

✓ [Signature]
Signature of Spouse

✓ Stephen J. Uthoff
Signature of Spouse

Signature of Spouse

Signature of Spouse

SEP 15 2009

NEBRASKA LIQUOR
CONTROL COMMISSION

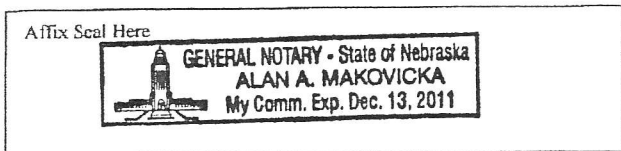
State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this 14th day of September, 2009, by

Mary A. Whitehead, Douglas W. Jaggers
and Sydney A. Uthoff

Notary Public signature Alan A. Makovicka

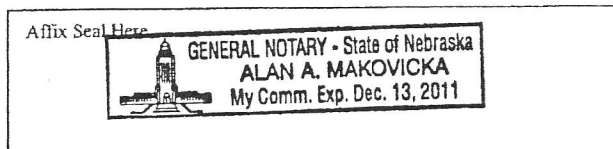


County of Lancaster

The foregoing instrument was acknowledged before me this 14th day of September, 2009, by

Christian A. Whitehead, Douglas K. Jaggers and Stephen J. Uthoff

Notary Public signature Alan A. Makovicka



**MANAGER APPLICATION
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

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NEBRASKA LIQUOR
CONTROL COMMISSION

Corporate manager, including spouse, are required to adhere to the following requirements
If spouse filed affidavit of non-participation fingerprints and proof of citizenship not required

- 1) **Must be a citizen of the United States**
- 2) **Must be a Nebraska resident (Chapter 2 – 006)**
- 3) **Must provide a copy of birth certificate, naturalization paper or US passport**
- 4) **Must submit fingerprints (2 cards per person)**
- 5) **Must be 21 years of age or older**
- 6) **Applicant may be required to take a training course**

ents
quired

Voter reg
BC enclosed

Corporation/limited liability corporation (LLC) information

Name of Corporation/LLC: Whitehead Oil Company

Premise information

Premise License Number:

(if new application leave blank)

Premise Trade Name/DBA:

U-Stop #25

Premise Street Address:

2140 K St. Suite 100

City: _____

Lincoln

Zip Code:

68510

Premise Phone Number:

Pending

The individual whose name is listed in the president or contact member category on either insert form 1a or 3b must sign their name below.

CORPORATE OFFICER SIGNATURE
(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: ☒ MALE ☐ FEMALE

Last Name: Makovicka First Name: Brian MI: J

Home Address (include PO Box if applicable): 4640 S. 86th Ct.

City: Lincoln State: NE Zip Code: 68526

Home Phone Number: 402-484-7873 Business Phone Number: 402-540-2144

Social Security Number: Drivers License Number & State: NE

Date Of Birth: Place Of Birth: Lincoln, NE

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☒ YES ☐ NO

Spouse's information

Spouses Last Name: Makovicka First Name: Lynda MI: C

Social Security Number: Drivers License Number & State: NE

Date Of Birth: Place Of Birth: Lincoln, NE

APPLICANT AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS

APPLICANT

SPOUSE

CITY & STATE	YEAR FROM	TO	CITY & STATE	YEAR FROM	TO
Lincoln, NE	1994	Present	Lincoln, NE	1994	Present

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1984	1998	Hy-Vee Food Stores	Terry Blackburn	402-421-2462
1998	2009	Whitehead Oil Company	Mike Wilson	402-435-3509

Manager and spouse must review and answer the questions below
PLEASE PRINT CLEARLY

1. READ PARAGRAPH CAREFULLY AND ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. **If more than one party, please list charges by each individual's name.**

☐ YES

☒ NO

If yes, please explain below or attach a separate page.

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? IF YES, list the name of the premise.

☒ YES

☐ NO

See attached license sheet

3. Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

☒ YES

☐ NO

4. Have you filed the required fingerprint cards and **PROPER FEES** with this application? (The check or money order must be made out to the **Nebraska State Patrol for \$38.00 per person**)

☒ YES

☐ NO

on file

5. Do you have any experience in selling alcohol in the State of Nebraska?
If so list training and/or experience (when and where)

Date:	Where:
1998-Present	U-Stop Convenience Store Supervisor
1998	Responsible Hospitality Classes

PERSONAL OATH AND CONSENT OF INVESTIGATION

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.

Brian J. Makovicka
Signature of Manager Applicant

Lynndee Makovicka
Signature of Spouse

State of Nebraska

County of Lancaster

County of Lancaster

The foregoing instrument was acknowledged before me this 9/18/2009 by

The foregoing instrument was acknowledged before me this 9/18/2009 by

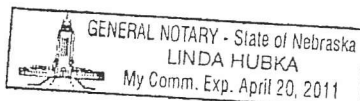
Linda Hubka

Notary Public signature

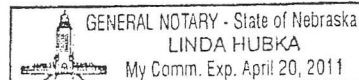
Linda Hubka

Notary Public signature

Affix Seal Here



Affix Seal Here



In compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

Revised 9/2008

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SEP 15 2009

NEBRASKA LIQUOR
CONTROL COMMISSION

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, VITAL STATISTICS SECTION, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE

DEC 20 2000
LINCOLN, NEBRASKA

Stanley S. Cooper
STANLEY S. COOPER
ASSISTANT STATE REGISTRAR
HEALTH AND HUMAN SERVICES SYSTEM

PHS-796(VS) REV. 2-65
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

STATE OF NEBRASKA—DEPARTMENT OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF LIVE BIRTH

BIRTH NO. 126.....

1. PLACE OF BIRTH a. COUNTY <u>Lancaster</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Nebraska</u> b. COUNTY <u>Lancaster</u>	
b. CITY (If outside corporate limits, write RURAL) OR TOWN <u>Lincoln</u>		c. CITY (If outside corporate limits, write RURAL) OR TOWN <u>Lincoln</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Elizabeth</u>		d. STREET ADDRESS <u>431 Cottonwood Drive</u> Inside City Limits? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. CHILD'S NAME (Type or print) a. (First) <u>Brian</u> b. (Middle) <u>James</u> c. (Last) <u>Makovicka</u>		6. DATE OF BIRTH (Month) (Day) (Year)	
4. SEX <u>Male</u>	5a. THIS BIRTH Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	
7. FULL NAME a. (First) <u>Arnold</u> b. (Middle) <u>Anton</u> c. (Last) <u>Makovicka</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>33</u> Yrs.	10. BIRTHPLACE (City, town, or county) (State or foreign country) <u>Stromsburg, Nebraska</u>	11a. USUAL OCCUPATION <u>Joe Hampton Const. Co.</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. FULL MAIDEN NAME a. (First) <u>Janette</u> b. (Middle) <u>Lois</u> c. (Last) <u>Dobrnisky</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>30</u> Yrs.	15. BIRTHPLACE (City, town or county) (State or foreign country) <u>Dwight, Nebraska</u>	16. Children Previously Born to This Mother (Do NOT include this child) a. How many OTHER children are now living? <u>4</u> b. How many OTHER children were born alive but are now dead? <u>0</u> c. How many children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT'S SIGNATURE OR NAME—Relationship <u>Mrs. Arnold Anton Makovicka</u> Mother			
Was serologic test made on blood from mother of this child? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <u>4-18-67</u>		If serologic test not made, state reason why.....	
18a. SIGNATURE <i>[Signature]</i>		18b. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify)	
18c. ADDRESS <u>J. A. Cain M. D.</u> <u>5440 South Street, Lincoln, Nebr.</u>		19. MOTHER'S MAILING ADDRESS <u>Mrs. Arnold Anton Makovicka</u> <u>431 Cottonwood Drive,</u>	
20. DATE REC'D BY	21. REGISTRAR'S SIGNATURE <i>[Signature]</i>		

I hereby certify that this child was born alive on the date stated above at 5:01 PM

SPOUSAL AFFIDAVIT OF NON PARTICIPATION INSERT

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

Lynda C Makovicka
Signature of spouse asking for waiver
(Spouse of individual listed below)

Lynda C Makovicka
Printed name of spouse asking for waiver

State of Nebraska

County of Lancaster

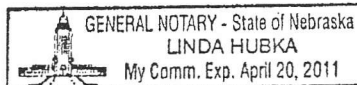
9/18/2009
date

Linda Hubka
Notary Public signature

The foregoing instrument was acknowledged before me this

by Lynda C Makovicka
name of person acknowledged

Affix Seal



I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

Brian J Makovicka
Signature of individual involved with application
(Spouse of individual listed above)

Brian J. Makovicka
Printed name of applying individual

State of Nebraska

County of Lancaster

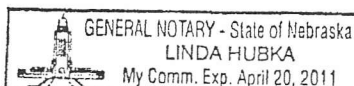
9/18/2009
date

Linda Hubka
Notary Public signature

The foregoing instrument was acknowledged before me this

by Brian J. Makovicka
name of person acknowledged

Affix Seal



In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

**APPLICATION FOR LIQUOR LICENSE
CORPORATION
INSERT - FORM 3a**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

RECEIVED

SEP 15 2009

NEBRASKA LIQUOR
CONTROL COMMISSION

Officers, directors and stockholders holding over 25%, including spouses, are required to adhere to the following requirements

- 1) The president and stockholders holding over 25% and their spouse (if applicable) must submit their fingerprints (2 cards per person)
- 2) All officers, directors and stockholders holding over 25 % and their spouse (if applicable) must sign the signature page of the Application for License form (Even if a spousal affidavit has been submitted)

Attach copy of Articles of Incorporation (Articles must show barcode receipt by Secretary of States Office)

✓ Name of Registered Agent: Mark A. Whitehead

Name of Corporation that will hold license as listed on the Articles

Whitehead Oil Company

Corporation Address: 2537 Randolph St.

✓ City: Lincoln State: NE Zip Code: 68510

Corporation Phone Number: 402-435-3509 Fax Number 402-435-5881

Total Number of Corporation Shares Issued: 520

Name and notarized signature of president (Information of president must be listed on following page)

Last Name: Whitehead First Name: Mark MI: A.

Home Address: 2433 Woodcrest City: Lincoln

State: NE Zip Code: 68502 Home Phone Number: 402-488-8578

✓ 

Signature of president

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this

14th day of September 2009

date

by

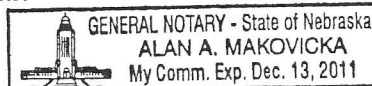
Mark A. Whitehead

name of person acknowledged



Notary Public signature

Affix Seal Here



List names of all officers, directors and stockholders including spouses (Even if a spousal affidavit has been submitted)

Last Name: Whitehead First Name: Mark MI: A.

Social Security Number _____ Date of Birth _____

Title: President Number of Shares 520

Spouse Full Name (indicate N/A if single): Christian A. Whitehead

Spouse Social Security Number: _____ Date of Birth: _____

*Signed
prints on file
7-23-08*

*Signed
prints on file
7-24-08*

Last Name: Jaggers First Name: Lesley MI: W.

Social Security Number _____ Date of Birth _____

Title: Treasurer Number of Shares 240

Spouse Full Name (indicate N/A if single): Kent Jaggers

Spouse Social Security Number: _____ Date of Birth: _____

Signed

Signed

Last Name: Uthoff First Name: Sydney MI: A

Social Security Number: _____ Date of Birth: 1

Title: Secretary Number of Shares 240

Spouse Full Name (indicate N/A if single): Steve Uthoff

Spouse Social Security Number: _____ Date of Birth: 1 / 1

Signed

Signed

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Is the applying Corporation controlled by another Corporation?

☐ YES

☒ NO

If yes, provide the name of corporation and supply an organizational chart

Indicate the Corporation's tax year with the IRS (Example January through December)

Starting Date: January Ending Date: December

Is this a Non-Profit Corporation?

☐ YES

☒ NO

If yes, provide the Federal ID #.

In compliance with the ADA, this corporation insert form 3a is available in other formats for persons with disabilities.
A ten day advance period is requested in writing to produce the alternate format.

RECEIVED

SEP 15 2009

NEBRASKA LIQUOR
CONTROL COMMISSION



ET

one story irregular
shaped building approx
x 122

